Case 19-14001-VFP Doc 125 Filed 02/28/23 Entered 02/28/23 14:43:03 Desc Main Document Page 1 of 7

Fill in this information to identify your case:					
Debtor 1	Jennifer Henry				
	First Name	Middle Name	Last Name		
Debtor 2	Terrell Henry				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY			
Case number	19-14001				
(if known)					

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
		Your a	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	235,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	19,025.43
	1c. Copy line 63, Total of all property on Schedule A/B	\$	254,025.43
Par	t2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	257,178.08
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	34,833.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	58,560.5
	Your total liabilities	\$	350,571.66
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	8,190.3 ⁻
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	7,884.0
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
_	Yes		

- 7. What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Case 19-14001-VFP Doc 125 Filed 02/28/23 Entered 02/28/23 14:43:03 Desc Main Document Page 2 of 7

Debtor 1 Jennifer Henry
Debtor 2 Terrell Henry

Terrell Henry Case number (if known) 19-14001

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. \$ 11,688.68

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	1
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	34,833.01
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	30.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	34,863.01

Fill in this information to identify your case:	
Debtor 1 Jennifer Henry	
Debtor 2 (Spouse, if filing) Terrell Henry	
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY	
Case number 19-14001	Check if this is:
(If known)	■ An amended filing □ A supplement showing postpetition chapter
Official Form 106I	13 income as of the following date:
Omoral Form Tool	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	1: Describe Employment				
1.	Fill in your employment information.		Debtor	·1	Debtor 2 or non-filing spouse
If yo	If you have more than one job,			oloyed	☐ Employed
	attach a separate page with information about additional	Employment status	☐ Not	employed	■ Not employed
	employers.	Occupation	Admii	nistrative Assistant	
	Include part-time, seasonal, or self-employed work.	Employer's name	Barna	bas Health Corp	
	Occupation may include student or homemaker, if it applies.	Employer's address	••••	l Short Hills Road Orange, NJ 07052	
		How long employed th	nere?	5 Years	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 5,262.31 \$ 0.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

	tor 1 tor 2	Jennifer Henry Terrell Henry		(Case	number (<i>if kr</i>	nown)	19-14	001		
	Con	by line 4 here	4.		For \$	Debtor 1 5,262	2 31		Debtor 2 or Filing spou		
	996	y line 4 here			*-	0,202		*			
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$	(0.00	\$	0	0.00	
	5b.	Mandatory contributions for retirement plans	5b		\$_		0.00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	5c		\$_		0.00	\$		0.00	
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d 5e		\$_ \$		0.00	\$		0.00	
	5e. 5f.	Domestic support obligations	5e 5f.		\$ -		0.00	\$ 		0.00	
	5g.	Union dues	5r. 5g		\$ -		0.00	\$—		0.00	
	5h.	Other deductions. Specify:	5h		\$		0.00	· :		0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$		0.00	\$		0.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	5,262	2.31	\$	C	0.00	
8.	8a. 8b. 8c. 8d. 8e. 8f.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8c 8d 8e ce). 	\$ \$ \$ \$	(0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	2,928	0.00 0.00 0.00	
	8g. 8h.	Pension or retirement income Other monthly income. Specify:	8g 8h		\$_ \$		0.00	\$ + \$		0.00	
	011.	Other monthly income. Specify:		···				· —			7
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	\$	(0.00	\$	2,92	28.00	
10.	Calo	culate monthly income. Add line 7 + line 9.	10.	\$		5,262.31	+ \$	2 92	28.00 = \$	8	8,190.31
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				<u> </u>	-	_,0_			0,100101
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedul ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no cify:	ır depe		-				chedule J. 11. +\$	s	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certaines							12. \$		8,190.31
										mbine	
13.	Do y	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	n?							y	income

Schedule I: Your Income

page 2

Official Form 106I

Fill	in this informa	tion to identify ye	our case:					
Deb		Jennifer Her				Chec	k if this is:	
			,				An amended filing	
	tor 2 ouse, if filing)	Terrell Henry	у				A supplement show 13 expenses as of	ving postpetition chapter the following date:
Unit	ed States Bankr	uptcy Court for the	: DISTRI	CT OF NEW JERSEY		=	MM / DD / YYYY	
	e number 19	9-14001						
		rm 106J						
		J: Your						12/1
info	ormation. If m mber (if know	ore space is ne n). Answer eve ibe Your House	eded, atta ry question	If two married people at ch another sheet to this n.				
	☐ No. Go to	line 2.						
	■ Yes. Doe	s Debtor 2 live	in a separ	ate household?				
	■ N □ Y	_	st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	<i>hold</i> of Debt	or 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Do Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state				Son		12	□ No ■ Yes
	dependents	names.			3011		- 12	■ Yes □ No
					Daughter		24	■ Yes
								□No
								Yes
								□ No □ Yes
3.	expenses o	penses include f people other t d your depende	han 👝	No Yes				□ Yes
Par	t 2: Estim	ate Your Ongoi	na Monthi	v Expenses				
Est	imate your ex	penses as of y	our bankrı	uptcy filing date unless y y is filed. If this is a supp	ou are using this foolemental Schedule	orm as a su J, check th	pplement in a Cha e box at the top o	pter 13 case to report f the form and fill in the
Incl	lude expense	s paid for with	non-cash	government assistance i	f you know			
the	value of sucl ficial Form 10	n assistance an	d have ind	luded it on Schedule I: \	Your Income		Your expe	enses
4.		or home owners and any rent for th		ses for your residence. I r lot.	nclude first mortgage	4. \$		2,311.71
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
		rty, homeowner'	s, or renter	's insurance		4b. \$		0.00
	4c. Home	maintenance, re	epair, and u	pkeep expenses		4c. \$		200.00

0.00

4d. Homeowner's association or condominium dues

Additional mortgage payments for your residence, such as home equity loans

Debt Debt		nnifer Henry rrell Henry	Case number (if known)		19-14001		
6.	Utilities:						
	6a. Ele	ctricity, heat, natural gas		6a.	\$	400.00	
	6b. Wa	ter, sewer, garbage collection		6b.	\$	200.00	
	6c. Te	ephone, cell phone, Internet, satellite, and	cable services	6c.	\$	500.00	
	6d. Ot	ner. Specify:		6d.	\$	0.00	
7.	Food an	housekeeping supplies			\$	888.00	
8.		e and children's education costs		8.	\$	300.00	
9.	Clothing	laundry, and dry cleaning		9.	\$	264.00	
10.	Persona	care products and services		10.	\$	75.00	
11.	Medical	and dental expenses		11.	\$	208.00	
12.	Transpo	tation. Include gas, maintenance, bus or t	rain fare.				
	Do not in	clude car payments.		12.	\$	600.00	
		ment, clubs, recreation, newspapers, m	_	13.	\$	120.00	
14.	Charitab	e contributions and religious donations	S	14.	\$	0.00	
15.	Insuranc						
		clude insurance deducted from your pay or	included in lines 4 or 20.	4.5	•	400.00	
		e insurance		15a.	·	102.00	
		alth insurance		15b.	·	0.00	
		nicle insurance		15c.	\$	550.00	
		ner insurance. Specify:		15d.	\$	0.00	
16.		o not include taxes deducted from your page	y or included in lines 4 or 20.	40	•		
	Specify:			16.	\$	0.00	
17.		ent or lease payments: r payments for Vehicle 1		17a.	c	CEO 00	
					·	650.00	
		r payments for Vehicle 2		17b.		0.00	
		ner. Specify:		17c.	*	0.00	
40		ner. Specify:		17d.	>	0.00	
18.		ments of alimony, maintenance, and su I from your pay on line 5, <i>Schedule I, Yo</i>		18.	\$	0.00	
19		yments you make to support others wh			\$	477.30	
10.	_	Child Support Arrears	o do not nve with you.	19.	Ψ	477.30	
20		al property expenses not included in line	es 4 or 5 of this form or on Scho		ur Income		
20.		rtgages on other property	es 4 or 5 or this form or on some	20a.		0.00	
		al estate taxes		20b.	·	0.00	
		perty, homeowner's, or renter's insurance		20c.	·	0.00	
		intenance, repair, and upkeep expenses		20d.		0.00	
		meowner's association or condominium du	291	20e.	·	0.00	
21	Other: S			21.	·	38.00	
۷۱.	Other. o	Student Idan			ΙΨ	38.00	
22.	Calculat	your monthly expenses					
	22a. Add	lines 4 through 21.			\$	7,884.01	
	22b. Cop	y line 22 (monthly expenses for Debtor 2),	if any, from Official Form 106J-2		\$		
	22c. Add	line 22a and 22b. The result is your month	nly expenses.		\$	7,884.01	
23	Calculat	your monthly net income.					
25.		by line 12 (your combined monthly income) from Schedule I	23a.	\$	8,190.31	
		by your monthly expenses from line 22c at		23b.	·	7,884.01	
	230. 00	by your monthly expenses nom line 220 at	Jove.	230.	-Ψ	7,864.01	
		otract your monthly expenses from your mee result is your monthly net income.	onthly income.	23c.	\$	306.30	
۰,		,					
24.	For examp	xpect an increase or decrease in your e le, do you expect to finish paying for your car loa n to the terms of your mortgage?				ase or decrease because of a	
	■ No.						
	☐ Yes.	Explain here:					

Fill in this information to identify your case:						
Debtor 1	Jennifer Henry					
	First Name	Middle Name	Last Name			
Debtor 2	Terrell Henry					
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY				
Case number	19-14001					
(if known)						

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is	NOT an attorney to help you fill out bankruptcy forms?
No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have that they are true and correct. X /s/ Jennifer Henry Jennifer Henry Signature of Debtor 1	read the summary and schedules filed with this declaration and X /s/ Terrell Henry Terrell Henry Signature of Debtor 2
Date February 28, 2023	Date February 28, 2023